Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

|  |  | Effec   |                   |   |                     |                     |     |                      |                        |          |                     |                         |
|--|--|---|-------------------|---|---------------------|---------------------|-----|----------------------|------------------------|----------|---------------------|-------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                   |   |                     |                     |     | SMALL I              | ENTITY                 | OR       | OTHER<br>SMALL      |                         |
| TOTAL CLAIMS   |  |   | 16                |   |                     |                     | ſ   | RATE                 | FEE                    | 7        | RATE                | FEE                     |
| FOR  |  |   | NUMBER FILED      |   | NUMBER EXTRA        |                     | 1   | BASIC FE             | E 385.00               | OR       | BASIC FEE           | 770.00                  |
| TOTAL CHARGEABLE CLAIMS  |  |   | ( minus 20=       |   | *                   |                     | Ī   | X\$ 9=               |                        | OR       | X\$18=              |                         |
| INDEPENDENT CLAIMS   |  |   | minus 3 =         |   | *                   |                     | ı   | X43=                 | <b> </b>               | OR       | . X86=              |                         |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                   |   |                     |                     |     | +145=                |                        | OR       | +290=               |                         |
| * If the difference in column 1 is less than zero, enter "0  |  |   |                   |   |                     | column 2            | L   | TOTAL                | 785                    | OR       | TOTAL               | -                       |
| CLAIMS AS AMENDED - PART II  |  |   |                   |   |                     |                     |     |                      | ****                   | <b>-</b> | OTHER               |                         |
|  |  | (Column 1)                                      | <del>,</del>      | (Colum                                      |                     |                     |     | SMALL                | . ENTITY               | OR       | SMALL               | _                       |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |                   | HIGHI<br>NUME<br>PREVIC<br>PAID I           | BER<br>OUSLY        | PRESENT<br>EXTRA    |     | RATE                 | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE  |
| NDM  | Total  | *   | Minus             | **  |                     | =                   |     | X\$ 9=               |                        | OR       | X\$18=              |                         |
| \ME  | Independent                                    | *   | Minus             | ***   |                     | =                   |     | X43=                 |                        | OR       | X86=                |                         |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |   |                     |                     |     | +145=                |                        |          | +290=               |                         |
|  |  | <b>L</b>  | TOTAL<br>DDIT FEE | -   | OR<br>OR            | TOTAL<br>ADDIT. FEE |     |                      |                        |          |                     |                         |
| AMENDMENT B  |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |                   | (Colum<br>HIGHE<br>NUME<br>PREVIO<br>PAID F | EST<br>BER<br>OUSLY | PRESENT EXTRA       |     | RATE                 | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-/<br>TIONAL<br>FEE |
|  | Total  | *   | Minus             | **  |                     | =                   |     | X\$ 9=               |                        | OR       | X\$18=              |                         |
|  | Independent                                    | *<br>NTATION OF MU                              | Minus             | ***   | CLAIM               | =                   |     | X43=                 |                        | OR       | X86=                |                         |
|  | FIRST FILLOW                                   | NIAHON OF WIC                                   | LITEL DE          | LIII CE DEI ENDENT                          |                     |                     | · . | +145=                |                        | OR       | +290=               |                         |
| TOTAL<br>ADDIT. FEE  |  |   |                   |   |                     |                     |     |                      |                        | OR       | TOTAL<br>ADDIT. FEE |                         |
|  | (Column 1) (Column 2) (Column                  |   |                   |   |                     |                     |     |                      |                        | •        |                     |                         |
| MEN  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |                   | HIGHE<br>NUMB<br>PREVIO<br>PAID F           | BER<br>USLY         | PRESENT<br>EXTRA    |     | RATE                 | ADDI-<br>TIONAL<br>FEE | ;        | RATE                | ADDI-<br>TIONAL<br>FEE  |
|  | Total :  | *   | Minus             | **  | ·                   | = .                 |     | X\$ 9=               |                        | OR       | X\$18=              |                         |
|  | Independent                                    | *   | Minus             | ***   |                     | =                   |     | X43=                 | ·                      | OR       | X86=                |                         |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT C     |   |                   |   |                     |                     |     | <del></del><br>+145= |                        | OR OR    | +290=               |                         |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |                   |   |                     |                     |     |                      |                        | . L      | TOTAL               |                         |
| **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                   |   |                     |                     |     |                      |                        |          |                     |                         |